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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

In re: RUSSO, SUSAN
Debtor(s)

Case No. 17-10034
Chapter 13

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS¹

1. Claimant/Claim Information

For the benefit of the Claimant(s) named below, SUSAN RUSSO, the Applicant, files this application (the "Application") for the payment of unclaimed funds on deposit with the court. The Applicant has no knowledge that any other party may be entitled to these funds and is not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$8,808.60	
Claimant's Name:	Susan Russo	
Claimant's Current Mailing Address, Telephone Number, and Email Address:	159 Bourque Road Lynnfield, MA 01940	

2. Applicant Information

Applicant represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record entitled to the unclaimed funds appearing on the records of the Court.
- ☐ Applicant is the Claimant but not the Owner of Record and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession, or by other means.
- ☐ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator²).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ **ALL APPLICATIONS MUST BE ACCOMPANIED BY SUPPORTING DOCUMENTATION.** The documentation the Applicant must submit to support the Application depends upon several factors such as the identity of the Claimant and the Applicant and the nature of the asserted ownership to the unclaimed funds. The Court's Instructions for Filing an Application for Payment of Unclaimed Funds contain extensive and detailed information regarding the required documentation. The Applicant represents that the Applicant has read the Instructions and has attached the required supporting documentation.

¹ See Instructions for Filing Application for Payment of Unclaimed Funds for assistance in filling out this Application.

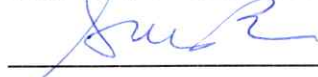
² Unclaimed Funds Locators must provide with their Application a fully executed copy of their agreement with the Claimant.

4. Certificate of Service

- ☒ The Applicant has served the Application and supporting documentation to the **United States Attorney**, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of Massachusetts
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

The Applicant certifies that this Application and all supporting documents were mailed postage paid to the above noted party on: March 18, 2024



Signature

Susan Russo

Printed Name

5. Notice of Objection/Response Deadline

Any party objecting to this Application shall, within twenty-one (21) days after service thereof, file with the Court an objection to the Application and serve a copy of the Objection upon the Applicant and the party listed in subpart 4 and any other parties the Court ordered be served.

6. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 3/18/2024


Signature of Applicant

SUSAN E. RUSSO

Printed Name of Applicant

Address: 159 Bourque Road
Lynnfield, MA 01940

Telephone: (781) 640-5497

Email: C.RUSSO159@hotmail.com

7. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

8. Notarization for Applicant

STATE OF Massachusetts

COUNTY OF Essex

This Application for Payment of Unclaimed Funds, dated March 18, 2024 was subscribed and sworn to before me this 18 day of March, 2024 by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

Notary Public Andrew W. Evans

My commission expires: 09/29/2028

(SEAL)



9. Notarization for Co-Applicant (if applicable)

STATE OF _____

COUNTY OF _____

This Application for Payment of Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

Notary Public _____

My commission expires:

(SEAL)

10. Filing the Application

a. **Filing Electronically:** Attorneys filing the Application electronically must select the **Application for Payment of Unclaimed Funds** which is a public event. For supporting documents, attorneys must select **Attachment in Support of Unclaimed Funds (Restricted)** which is a private event. Contact the Clerk's Office should you have questions or concerns.

b. **Filing by Mail:** Parties who cannot file electronically must mail the Application and supporting documentation to the Court at the following address:

United States Bankruptcy Court
District of Massachusetts
Attn: Finance Department
5 Post Office Square, Suite 1150
Boston, MA 02109-3945

